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ATTN. Kyle R. Stork

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FROM Volel Emile

Fax Number (512) 306-0240

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SUBJECT Response to 1st Office Action (09/998,396)

Number of Pages 12

Date 12/17/2004

MESSAGE

This fax transmission contains:

1. one copy of a Fax Transmission Form;
2. one copy of a Fee Transmittal Letter; and
3. one copy of the Response.

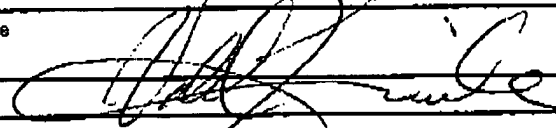
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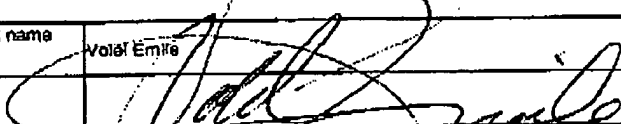
PTO/88/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/993,396
	Filing Date	11/15/2001
	First Named Inventor	Keohane et al.
	Art Unit	2178
	Examiner Name	Kyle R. Stork
Total Number of Pages in This Submission	Attorney Docket Number	AUS920010876US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or individual name	Volel Emile	
Signature		
Date	12/17/2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volel Emile	
Signature		Date 12/17/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS920010879US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :
 Keohane et al. : Before the Examiner:
 : Kyle R. Stork
 Serial No: 09/998,396 :
 : Group Art Unit: 2178
 Filed: 11/15/2001 :
 : Confirmation No.: 7309
 Title: APPARATUS AND METHOD OF :
 HIGHLIGHTING PARTS OF WEB :
 DOCUMENTS BASED ON INTENDED :
 READERS :

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

☒ No additional fee is required
☐ The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	20	MINUS	20	=	0	x 50 =	\$ 0.00
Indep.	4	MINUS	4	=	0	x 200 =	\$ 0.00
1st Presentation of Multiple Dep. Claim						x 360 =	\$ 0.00
TOTAL							\$ 0.00

☐ Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
 A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

☒ Any additional fees required under 37 CFR \$1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR \$1.17.

Respectfully submitted,

By: 

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